

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-013016**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**2820**

**FILED MAR 20 1963**

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN **St. Louis**

Length of stay in 1b

**3-1/2 Days**

c. CITY

OR  
TOWN **St. John**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. John's Hosp.**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS **8639 Bel Crest La.**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

**MARGARET ELLEN BECKMAN**

4. DATE

Month

Day

Year

**March 9, 1963**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**12/16/1893**

9. AGE (last birthday)

**69**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housework**

10b. KIND OF BUSINESS OR INDUSTRY

**Homemaker**

11. BIRTHPLACE (City and state or country)

**DeSoto, Missouri**

12. CITIZEN OF WHAT COUNTRY

**USA**

13a. FATHER'S NAME

**John Regan**

13b. MOTHER'S MAIDEN NAME

**Annie Harris**

14. NAME OF HUSBAND OR WIFE

**George Beckman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Margaret Mary Beckman 8639 Bel Crest La.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Adenocarcinoma colon**

INTERVAL BETWEEN ONSET AND DEATH

**3 mo**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **with metastasis**

DUE TO (c) **153.8**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **March 55** to **March 63** and last saw her alive on **Mar 8 '63**

Death occurred at **5a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**H. H. Presener M.D.**

22b. ADDRESS

**Northland Med Bldg 39-63**

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**3/12/63**

23c. NAME OF CEMETERY OR CREMATORY

**Calvary Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis**

(State)

**Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Kellen Kelly 7267 Natural Bridge**

25. DATE RECD. BY LOCAL REG.

**MAR 11 1963**

26. REGISTRAR'S SIGNATURE

**Joan Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

3

4 1

5 1

6

7 0

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12 74-0

13

74

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James A. Lamm*

Licensed Embalmer No. 4142

P. O. Address

St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.